

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000010818**

1. Entity Name

**HERR CONTRACTING COMPANY, INC.****FILED****Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90298 020 \*\*\*150.00

Principal Place of Business

1920 9 ST N. STE A  
ST PETERSBURG FL 33704  
US

Mailing Address

1920 9 ST N. STE A  
ST PETERSBURG FL 33704  
US

A0028230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 24TH AV N

3. Mailing Address

2600 24TH AV N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

ST PETERSBURG FL

City &amp; State

ST PETERSBURG FL

4. FEI Number

59-3320822

Applied For

Not Applicable

Zip

Country

33713

USA

Zip

Country

33713

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIERHOFF, KATHE B  
2823 7TH ST N  
ST PETERSBURG FL 33704

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BIERHOFF, KATHE B  
STREET ADDRESS 2823 7TH STREET, N.  
CITY-ST-ZIP ST. PETESBURG FL 33704 ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S  
NAME SCHEFF, LOIS  
STREET ADDRESS 487 25 AVE N.  
CITY-ST-ZIP ST PETE FL 33704 ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-01 727-327-3366

CR2E034 (10/00)